## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. <8B86> 01

FILING DATE

AFTER 2 <sup>™</sup> AMENDMENT IND. DEP.

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER 1*AMENDMENT	
ł	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
1			1	D Dai	II.D.	DDI.		51	IIVD.	DEI.	IIID.	DEI.
2								52				
3							ŀ	53				
4								54				
5								55				
6							ļ	56				ļ
7 8				<del> </del>	`			57				
9		-					1	58 59			<del></del>	<del> </del>
10								60			<del></del>	<b></b>
1								61			·	<b></b> -
2								62				
13								63			·	
14			· · · · · · · · · · · · · · · · · · ·					64				
5							•	65				
6								66				
7							1	67				
. •								68				
9								69		,		
0								70				
1		·····	ļ					71				
3			·· · · · ·					72				
4			<del></del>					73				
5								74				
6								75 76	——			<u>-</u>
7								77				
8								78				
9			-		<del></del>			79	-			
0								80				
1								81				
2							1	82				
3								83				
4								84				
5								85				
6								86	<u> </u>			
7 8								87				
9			<u> </u>				ŀ	88 89		`		
0								90			-	
1							ŀ	91				·
2							·	92				
3							Ì	93				
4								94			<del>  </del>	
5							ľ	95			,	
6							ľ	96				
7							[	97				
8							[	98				
9								99				
0								100				
TAL ID.			, 1			II.		TOTAL IND.	T	1		I
TAL				, <b>*</b>				TOTAL				•
EP.	•	<del>(</del>	<u> </u>	<del>-</del>		<b>(=</b>	l	DEP.		<b>(-</b>		<b>(=</b>
<b>FAL</b>				£23		1243	•	TOTAL CLAIMS		8 <b>13</b> 8		* *
IMS												